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Assessing Parenting Capacity in Child Protection: Towards a Knowledge-Based Model

The assessment of parenting capacity continues to engender public concern in cases of suspected harm to children. This paper outlines a model for approaching this task based on the application of three key domains of knowledge in social work relating to facts, theory and practice-wisdom. The McMaster Model of Family Assessment is identified out of this process and re-worked to give it a sharper focus on parenting roles and responsibilities. Seven formative dimensions of parenting are then elicited and combined with an analytical process of identifying strengths, concerns, prospects for growth and impact on child outcomes. The resulting assessment framework, it is argued, adds rigour to professional judgements about parenting capacity and enhances formulations on risk in child protection.

Key words: parenting, parenting capacity, assessment

Introduction

The determination of a parent's capacity to care for his or her children, when they are at-risk of harm, is a major concern for the social professions in the United Kingdom (Lonne et al, 2009; Choate, 2013). Such concern has been amplified by the critical findings arising from child death inquiries and case management reviews held over the past 50 years or more (Stanley & Manthorpe, 2004). An inexorable, moral panic has arisen, in the wake of these investigations, concerning the nature of parenting in modern society, the management of dangerousness, and the prevalence of risk in children's lives (Clapton et al, 2013). The subsequent political rancour, or fall-out, from all of this moral and political turbulence, has fuelled the media castigation of social workers in child protection often forcing them into the role of modern 'folk devils'.

More widely, such malaise has generated deep anxieties about the child protection system in the United Kingdom (Stafford et al, 2012). Some commentators view it as overly forensic, highly bureaucratised, and preoccupied with risk-averse, information-led, managerial systems to the detriment of a child-centred, relational model of practice (Lonne et al, 2009;

Harris, 2012; Parton, 2012). The proliferation of Safeguarding Children's Boards, Area Child Protection Committees, and vetting and barring structures, *inter alia*, has been matched by the barrage of increasingly complex guidance on how to carry out a child protection assessment (Stafford et al, 2012). Yet, in spite of such developments, some observers have argued that the child protection system is haemorrhaging and in dire need of reform (Lonne et al, 2009). The tendency to capture both high risk and low risk families within the same assessment net, is indicative of this concern (Parton, 2012).

The Munro report (2010) responded to this clarion call for change. It had been commissioned by central government in England following concerns that the child protection system was failing vulnerable children and families. Critically, Munro's analysis exposed the system's drift towards regulation: the over-adherence to procedures being one dominant *leitmotif*. As a consequence, professional discretion and the application of informed judgement in assessment - time-honoured aspects of social work - were being occluded by target driven, organisational cultures. Against this backdrop, Munro called for a new balance to be struck between proceduralisation, on the one hand, and structured assessment, decision-making, and judgement, on the other. This recommendation took on a particular purchase when it came to the emotive area of assessing parenting capacity. In this context, decisions over child custody and legal status inevitably lead to highly charged emotions and ethically-laden consequences for family members and professionals.

The aim of this paper is to introduce a model for assessing parenting capacity: one that is emblematic of Munro's proposed reforms concerning the need for structured assessment and critical judgement in social work. As a point of immediate departure, I will firstly outline *how* the model was developed and consider why it might offer a different (yet complementary) perspective on parenting assessment compared to a number of frameworks described in the literature. I then set out the components of the model. The intention here is to make it 'fit for purpose', so that it has a utilitarian and pragmatic value for very busy professionals. It is vital that social workers in child and family social work possess a 'tool kit' bag from which they can select appropriate, expedient instruments to structure and guide their judgements and interventions, as Munro recommended. Moreover, it is all-important that the very notion of

parenting – what it means to be an intimate caregiver – is clarified and rendered clearly.

Process for Developing the Model

The model described below (see Figure 1 below) was incrementally developed over a seven year period using Trevithick's (2005) conceptual schema of knowledge acquisition in social work as a primary, analytical guide. This is what makes it unique and different to other assessment frameworks described in the literature – particularly as it incorporated the views, or *practice wisdom*, of experienced child care practitioners. To expand, Trevithick argued that social workers must acquire three core domains of knowledge in order to enhance their competence – regardless of their role, task or setting. The first was *theoretical knowledge* which Trevithick categorised under a number of sub-headings, namely: (a) knowledge drawn from other disciplines such as psychology and sociology (b) theories analysing the basic task and purpose of social work drawing on therapeutic and emancipatory approaches and (c) practice theories or discrete sets of ideas outlining social work models and methods to meet service user needs in specified situations.

PLACE FIGURE 1 HERE

Trevithick referred to the second domain as *factual knowledge*. This is knowledge generated from research or other forms of structured inquiry and results in facts, figures, data, statistics and records. Social workers utilise this domain to confirm or refute hypothesis, select evidence-based interventions and gain a deep understanding of social life including the impact of poverty and social isolation on social actors. Factual knowledge in social work is also inextricably tied to a sound understanding of the law, policy and procedure, particularly when there is a statutory remit to protect vulnerable service users.

Lastly, the third domain was designated as *practice knowledge*. Under this rubric, social workers adapt and apply conventional knowledge to different practice scenarios. This invariably involves the professional's use-of-self, re-working formal constructs, applying reflexivity, gaining tacit understanding through the use of intuition and shaping interventions according to the exigencies of the situation. Here, social workers are seen to be embodied actors with distinctive psycho-biographies that affect how they view and

respond to the world. What is vital, in this context, is self-knowledge, insight and also the requirement to be creatively adaptive to the 'other'. Practice wisdom, it is claimed, develops over time through a process of reflection. Moreover, it is a matter of how the 'self' typically responds when faced with another's emotional pain, anger, resistance or learned helplessness.

For Trevithick, these three domains of social work knowledge are interlacing: they feed into each other and synergise to promulgate competent practice. More specifically, they enable the social worker to perform a set of inter-linked, processual tasks: observing, describing, explaining, predicting and intervening. In addition to that, it is the author's contention they combine into a typology for developing knowledge in specific areas of practice. Within this groove, the domains can be used to elicit the requisite knowledge underpinning an effective, user-friendly model of parenting capacity assessment: one that can aid clinical judgement and decision-making and thus lead to better outcomes for children. This should be viewed as an iterative process that seeks to utilise all three types of knowledge over time, combining theory, research and practice wisdom.

In taking this project forward, theoretical knowledge on parenting capacity assessment was gained through literature searches using relevant databases (for example, Social Care On-Line) and search terms (for example, 'parenting', 'parenting assessment', 'parenting capacity assessment'). Here, the focus was on identifying recommended models of parenting assessment. In a different vein of inquiry, factual knowledge was apprehended by again sifting the literature (this time with an eye on empirical research) and also carrying out a review of the core policy documentation and primary legal instruments governing the topic.

Practice knowledge, by way of contrast, was gleaned through structured discussions with social workers attending a university based, master's level course in child care. These social workers were mainly qualified for more than two years and employed in statutory, child care agencies (in Northern Ireland) charged with carrying out safeguarding and promotional duties. The course was administered and delivered by the author to successive cohorts of students (n=84) over a seven year period (2006 – 2013). In one particular module, focusing on developing safeguarding practice, the course sought to

enhance the students' competence in parenting capacity assessment by presenting both theoretical and factual knowledge on the topic (in the form of lectures, case studies and seminars).

The author canvassed the students' reactions to this material through structured discussions addressing the following questions: (a) what were the essential characteristics of an effective model of parenting capacity assessment? (b) what would help or hinder the implementation of this form of assessment? (c) what factors would need to be taken into account given the opportunities and constraints within the social worker's role? and (d) in order to be competent assessors, what knowledge, skills and values were required?

When responding to these questions, the students were asked to draw on their experience as well as to reflect on what had been taught on the module. The ensuing discussions were invariably free-flowing, recounting lots of personal and professional experience in order to reveal emerging practice wisdom on this topic. The author manually recorded these verbal responses in a notebook, with the students' agreement, listing the main points, and summarising the essence of what had been said. The author finally searched for cross-cutting themes (see below), emerging from a comparative analysis of student feedback over the entire period. This practice knowledge was also used to devise various prototypes of the model on which the students were asked to comment. Their views helped to refine it leading to the final iteration (presented later on in this paper).

However, while the views of the 84 students were most valuable in their own right, a clear limitation in this process was the absence of any *rigorous* piloting of the model in practice. This was because the priority lay, in the first instance, in constituting the three knowledge streams. That said, the students were required to apply this information in their practice and reflect on it in a written assignment (as part of the module's requirements). The author subsequently assessed this piece of work, again noting particular themes.

Key Knowledge Themes Shaping the Model

A number of key motifs were elucidated under each domain of knowledge by implementing the afore-mentioned process. So, in terms of theoretical and factual knowledge, the literature stressed the importance of inculcating a *strengths-based* approach in parenting assessment (Hackett, 2003; Budd, 2005). Solely focusing on parental deficits might inherently disempower parents and inhibit change (Turnell and Edwards, 1999).

Of further salience was the *ecological* context affecting parenting (Belsky and Vondra, 1989). Social networks, as suggested earlier, affect the quality of caregiving by either providing support or withdrawing it. Hence, it is vital that parenting assessments take this context very seriously. This point has been widely endorsed elsewhere. For instance, the UK Framework for the Assessment of Need (Department of Health, 2000) suggests that the domain of parenting capacity is considered in the context of two related domains, namely: the child and her developmental needs; and the family and environmental factors.

Importantly, Calder (2003) has reformulated this influential theoretical model by setting it within wider, cultural and societal domains of influence. In doing so, he reiterated the need for parenting assessment to be *culturally sensitive* and *anti-oppressive*. Adopting this value-base has ramifications for the salience given to anti-oppressive language in the assessment process. Holland's (2000) research on child protection assessments revealed that parents who were articulate and cooperative were more likely to experience a recommendation for family re-unification compared with parents who were less expressive because (ostensibly) of more restricted language codes.

The above requirements cannot be met unless assessors employ *multiple methods of data acquisition and fact-finding* (Hackett, 2003; Reder et al, 2003; White, 2005). This is about data and subject triangulation and not privileging any one method. Social workers over-reliance on verbal interviews comes to mind here. Thus, it is necessary to observe parents and parent-child interactions in a number of different settings; use structured interviews; utilise standardised tests and tools on parenting and family-related areas of concern (Sheppard et al, 2010); review written documentation including case files; and

liaise closely with other professionals in the *multi-disciplinary network*. Techniques drawn from family therapy – such as genograms and sculpting – are useful for gathering rich information about relationships within families. The social history must retain its place as a time-honoured method for reviewing the significance of the past on present day functioning. However, there is always the danger of applying such methods coercively and intrusively, resulting in a stigmatising experience for families. Helpful assessment, by way of contrast, offers support, is empowering, collaborative and shows respect (Harris, 2012).

Of further significance is the requirement to understand, conceptually and theoretically, the *nature of parenting*, including its roles and tasks and assess these areas with particular regard to parent-child interactions, meeting children's needs and family dynamics (Bentovim & Miller, 2002; Reder et al, 2003; Woodcock, 2003; Budd, 2005). The fundamental components of parenting, regardless of the cultural context, have been listed as: (a) basic care (b) safety and protection, (c) emotional care and stimulation and (d) providing behavioural boundaries and stability (Jones, 2010). It is axiomatic that such core parenting abilities can be severely affected by mental illness, substance misuse and domestic violence (Bentovim et al, 2009).

Crucially, the emotional connection and *attachment* relationship between children and their parents must be taken into account when appraising whether the minimal standards of parenting have been met (Conley, 2003; Reder et al, 2003; Howe, 2005; Daniel et al, 2010; Turney et al, 2012). For Hackett (2003), the *emotional fit* between the parent and child is the product of the child's and parent's characteristics as shaped by the wider environment. It is also shaped by the changing life-course with its demands and challenges. Hence parenting is characterised by flux and fluidity.

Research on parenting styles (Golombok, 2000) has also revealed that authoritative, warm parenting, that makes reasonable demands of children, and is emotionally available and responsive, leads to better behavioural outcomes. In all of this, a psychological understanding of parenting militates against what Woodcock (2003) has referred to as a 'surface-static' model of caregiving. This is where social workers fail to excavate beneath the meniscus of parenting behaviours to appraise their deeper, psychological dimensions.

Farnfield (2008) endorsed this need for an in-depth, theoretical perspective on parenting by rooting his model in attachment theory, evolutionary psychology and an ecological perspective.

The theoretical and factual knowledge, rehearsed above, can be contrasted with social workers' practice knowledge. On the basis of the structured discussions (described earlier) and the themes arising from it, the social work students uniformly wanted a model of parenting assessment that was easily grasped and not overly detailed, nor theoretically dense (yet theoretically sufficient). They wanted a model that could be applied expediently in a range of challenging settings. Thus, the model had to have a pragmatic, utilitarian value – not only for them, but for other professionals and families. The analogy of the 'tool-kit' bag is apposite here. Moreover, it had to 'fit' with practice demands, existing agency-endorsed assessment tools, and the legal and policy context under which they were working. An applicable model, according to the combined cohorts, must additionally contribute to supervision and the construction of court reports. Not only that, it should help social workers give evidence in court in a professional, confident manner and be used to frame credible arguments in case planning meetings. Fundamentally, the model had to assist social workers to reach a justifiable formulation on risk and need and the capacity for parents to change - while maintaining a child-centred focus. Finally, the students registered the overriding necessity of a strengths-based, solution-focused and collaborative ethos.

Outline of the Model

After a systematic search, the McMaster Model of Family Functioning (Miller et al, 2000) was chosen as a foundational framework for developing this parenting assessment tool. This was because it met many of the knowledge requirements in the typology set out above. As such, it was easily apprehended and taught - as confirmed by the students. Another notable feature was its utility and relevance to different practice scenarios where parenting assessment was required. By starting from the premise of general systems theory, it was also compatible with the ecological approach to human development. Furthermore, it was sensitive to difference by focusing on what happened in families rather than the way they were composed. More than that, the model provided conceptual and theoretical clarity about the roles and

tasks parents needed to demonstrate competently in order to optimise their children's well-being. This aspect of the model appealed to the social work students as it provided them with overt areas to assess. An essential distinction in the model between affective and instrumental aspects of parenting ensured that both the *emotional* and *practical* spheres of caregiving were taken into account. That said, the model required some adaptation to bring the issue of parenting into a much sharper focus. In this regard, two changes were made to it, namely: (a) the model's six core dimensions were re-worked to elicit their implications for parental caregiving and (b) an extra dimension entitled, 'Key Attributes of Parenting' (see Figure 2 below), was added to capture missing aspects of parenting.

PLACE FIGURE 2 HERE

The seven dimensions are categorized as follows: (a) key attributes of parenting (b) problem-solving (c) communication (d) roles (e) affective responsiveness (f) affective involvement and (g) behavioural control. Importantly, these dimensions are not an exhaustive characterisation of parenting in all its facets and complexities. Instead, they enable social workers to deepen their understanding of elemental aspects of care-giving albeit as viewed from one particular lens of appreciation.

Key Attributes of Parenting

Under this dimension social workers are required to assess three areas, namely: (i) parental behaviour (ii) parental belief systems and (iii) parental constitution. The first area, parental behaviour, examines *strengths* and areas for consideration and concern about parenting (including their antecedents and consequences). It also explores the degree to which the fundamental requirements of parenting are being met. Jones' (2010) list of basic functions and Ainsworth's dimensions of care, enumerated earlier, are apposite here.

In terms of the focus on strengths, this might be seen as a form of 'appreciative, solution-focused inquiry': addressing what is working well and how it might be strengthened. That said, it is vital to state clearly the concerns giving rise to the assessment along with its purpose – but not in a way that is intrusive or stigmatising. Being transparent about the *legal* and *procedural* mandate for the assessment is an essential part of rights-based, anti-

oppressive practice. It also ensures the paramountcy of the child is preserved at all times and that the concept of 'significant harm' is apprehended fully.

An examination of 'parental belief systems' addresses the enabling and constraining attitudes parents hold about their roles and tasks as caregivers. More specifically, there should be a focus on beliefs about how to manage children and meet their needs. 'Spare the rod and spoil the child' is one such example'; 'children should be seen and not heard' is another. Clearly, many of these beliefs will have been shaped by the surrounding *culture*, the *ecological context* and the parents' own experience of being parented. These are three contextual areas that require concerted attention as opinions on parenting may well influence parental actions (Woodcock, 2003).

Taking from Belsky's and Vondra's model (1989), the third area addresses a range of inherent, parental characteristics that indirectly affect children and their development such as: (a) intelligence (b) temperament (c) personality (d) locus of control (e) level of stress (f) self-image and esteem (g) cognitive functioning (h) emotional literacy (i) health status and (j) care and control needs. Internal factors such as these indubitably interact with (and are affected by) the environment and social systems surrounding the parent and their influence may alter according to imperatives within the *lifecycle*. Thus, there may be contextual sources of stress at certain periods. Indeed, the child's personality or special needs might be determinative in inflaming a parent's unresolved care or control needs (Pezzot-Pearce & Pearce, 2004) as might the child's special meaning for the parent. Most importantly, there has to be a relational 'fit' between the parent's constitution and that of the child's. This may mean that a parent must adapt their intrinsic temperament to make it sensitive to the child's needs.

Problem-Solving

This dimension refers to the parents' capacity to resolve the everyday, presenting difficulties and challenges that affect the child's well-being and family functioning. Problems are typically divided into two categories, namely: (i) *instrumental problems* - which involve practical issues such as income management, home maintenance, preserving health, well-being and safety and (ii) *affective problems* - which are synonymous with very strong feelings:

displays of anger, sadness and debilitating fear either experienced by the parent or child.

Competent parents can solve a problem, more or less, by analysing its nature, discussing it with appropriate others, thinking of alternative remedies, choosing what they consider to be the best one, implementing it and reviewing the outcome. These steps do not always take place in an overtly conscious manner nor necessarily follow a rigid, linear sequence. Yet, the problem is invariably tackled efficaciously having positive ramifications for the child. Parents with marked psycho-social difficulties (or a learning disability) may not have the capacity to analyse the problem in the first instance. This shortfall accentuates the likelihood of crises occurring. For example, debts accumulate, eviction notices proliferate, washing machines remain unfixed. Ultimately, effective problem-solving helps to build a secure, predictable base for children, and models skills of self-efficacy and resilience. In all of this, it is important to know how parents respond to children's emotional distress, their experience of loss and change, sibling disputes and so on.

Communication

It is self-evident that communication exists at a verbal and non-verbal level. These levels might be incongruous giving a child a mixed message about her worth or what is required of her. Furthermore, as with the problem-solving dimension, parental exchanges of information can be categorised into instrumental and affective modalities. The former concerns communication about practical topics related to parenting and child care while the latter deals with communication about feelings. Examples of the instrumental kind are information shared about child care routines, children's practical needs, or child-care minding arrangements. By way of contrast, affective communication might centre on worry or fear about children – perhaps if they are ill or presenting with demanding behaviour. To take another example, parental bickering characterised by strong emotions that are not resolved over time, can lead to conduct disorders, delinquency and educational difficulties in children (Golombok, 2000).

In a different vein, parental communication within families can sometimes be clear or masked. In other words, dialogue can be more or less transparent and

understood easily by others or camouflaged or vaguely put. Likewise, it can be direct or indirect. In effect, we might ask if it is transmitted forthrightly to the intended person or conveyed obliquely through another member of the family, say a child? Taking both types of communication together, it is postulated that masked, indirect communication with or about children may well have manifest, negative implications for children's welfare over time. Parental communication reflecting a low-warmth, high-criticism content is of further concern because of its deleterious impact on a child's identity (Department of Health, 1995).

Roles

Parental roles can be viewed as the repetitive patterns of caregiving behaviour which meet key family functions such as the socialisation of children or systems management or maintenance. Once again, there are instrumental and affective aspects to this parenting dimension. The former encapsulate practical activities such as cooking or taking on the role of home-maintenance or being the person responsible for paying the bills. Providing food, clothing and the daily round of resources are all instrumental tasks. Affective roles, alternatively, centre on the emotions. Thus, one parent might be identified as providing emotional nurture to the child whereas the other might focus instrumentally on teaching key life skills. Another key, affective role is providing support, whether it is to a child or partner. In this connection, Rutter and Quinton (1984) found that marital support was a primary factor influencing the effectiveness of the parents' child rearing skills. This, in turn, might depend on the quality of social support provided by social networks surrounding the family unit.

Of further significance is role allocation and accountability. Role allocation refers to how important responsibilities are assigned by the parents, how fair and agreed the process is, and the degree to which tasks accompanying roles are clearly stipulated. It is important to know whether roles are taken on consensually or by forceful decree. This inquiry might shed light on the parents' style of engagement: whether roles are democratically reached and gender-sensitive or imposed by one dominant partner; and whether there is an equitable distribution of caregiving responsibilities. In the allocation of roles children can sometimes take on inappropriate tasks such as having to care for

a parent. Role accountability, the second area, is where a parent knowingly and willingly fulfils the role; in other words, he or she takes responsibility for ensuring it is performed to an agreed standard.

Affective Responsiveness

Affective responsiveness deals with the parents' capacity to respond with emotional sensitivity to a range of child stimuli, behaviours and demands. Put another way, it concerns the extent to which parents react to the child with the appropriate level and type of feelings. Moreover, it examines whether the full spectrum of feelings are expressed in daily discourse and exchange and also addresses whether there is a sense of optimal responsiveness to children's demands. Over-responsiveness might be perceived as suffocating while under-responsiveness could be construed as neglectful.

Two essential types of emotional response can be identified, namely: (a) welfare feelings and (b) emergency feelings. The former are typified by warmth and build attachment whereas the latter comprise impromptu reactions based on fear, anger or sadness. Emergency feelings may therefore threaten the attachment bond when persistent and severe in nature. Furthermore, they might reflect a process of negative projection. In this context, they might indicate that a parent feels threatened or that their care and control needs have in some way been aroused.

Given the above, this focus on affective responsiveness generates a number of primary assessment questions such as: (a) are the parents sensitive to the child's inner emotional states? (b) are they psychologically available to the child? (c) what type of emotional climate exists in the home? (d) are the parents sensitive to each other's emotional needs and (e) how is emotional expression affected by wider social networks? Fundamentally, parents must recognise children's needs for proximity, security, stability, predictability but also autonomy, regardless of their cultural identity. The relative expression of these needs is likely to change throughout the life-cycle: adolescents (usually) requiring more autonomy compared with younger infants.

Affective Involvement

This dimension centres on the extent to which the parent demonstrates an appropriate interest in, and engages meaningfully with, the child and his world. In some cases, parents can be under-involved, distant or rejecting. Alternatively, there can be a suffocating sense of over-involvement which might stymie the child's creativity. In between these two poles parents can show different levels of interest and involvement. For instance, empathetic involvement might signal a parent's willingness to take the child's perspective at any one time whereas narcissistic involvement, or even symbiotic involvement, would tend to suggest a diminution of child-centred sensitivity.

So, the spectrum ranges from complete lack of involvement in the child's life to a crushing, overbearing style of engagement. Along this spectrum, empathetic involvement is the most desired in terms of beneficial child outcomes. Moreover, when there is an inappropriate level of over-involvement, relationships within the family unit tend to be enmeshed, boundaries become blurred and a stifling over-dependence emerges. As a consequence, optimal levels of privacy are hard to establish. The corollary to this is that under-involvement can lead to a serious lack of communication, leaving the child and other family members feeling isolated and lacking in support. Inappropriate (under)reactions to stressful situations may be a further feature of this style of relating.

Behavioural Control

Behavioural control refers to the manner in which children are socialised, the way in which expectations are communicated to them and how negative behaviours are either sanctioned through child discipline or positive actions are reinforced through desired rewards. What is more, children can place themselves in situations of danger both inside and outside the home and therefore require adult supervision. Behavioural control, as understood in these contexts, largely depends then on the nature of parenting styles; how, in effect, they influence children's actions. In turn, parenting styles can be viewed on two related continua namely: (a) the level of *demand* placed on children and (b) how *responsive* the parents are to their children. Research (Golombok, 2000) suggests that 'authoritative' parenting, one making appropriate

demands on children while at the same time being responsive to their needs, results in positive outcomes in the domains of social adjustment, school performance and self-esteem. This can be contrasted with a neglectful style which is neither demanding nor responsive. Child outcomes here can be typified by impulsivity, low achievement and lack of self-esteem. A general maxim, in all of this, is to reinforce positive behaviour, ignore problem reactions and punish sparingly.

Analysing the Dimensions

It is vital for social workers to obtain factual information under each of these seven dimensions of parenting by using the range of assessment tools referred to earlier. This is a matter of method triangulation to enhance the trustworthiness of the assessment. Facts and feelings, however, must be analysed, processed and categorised so we can reach a robust formulation on how to support parents and protect the child. In this adaptation of the McMaster model, I suggest using the following analytical categories to carry out this aspect of the assessment process, namely: (a) eliciting the parents' strengths (b) identifying concerns about parenting (c) reviewing the prospects for growth and change and (d) ascertaining the impact of parenting capacity on the child. Table 1 sets out these categories, alongside the dimensions of parenting articulated above, to form a composite framework of assessment.

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Eliciting the Parents' Strengths

The importance of identifying parents' strengths has already been stressed. Strengths represent the parent's attributes that offset the occurrence or continuance of child-related concerns. They can also be conceived as intrinsic factors that help parents cope in difficult and challenging circumstances. In terms of this model, the social worker is interested specifically in eliciting positive attributes in the dimensions of problem-solving, communication, the implementation of parental roles within the family, the demonstration of affective responsiveness and involvement and, lastly, the enactment of behavioural control. Typically, a solution-focused mind-set (implemented in partnership with the parent) accompanies this endeavour. This is a matter of

focusing on what is working (even if only marginally) and how it can be enhanced.

Identifying Areas of Concern

Under this sub-heading, the social worker seeks to identify areas of concern emanating from the seven dimensions of parenting. Concerns are synonymous with the factors making harm to the child more likely. In this regard, some parents may show ability in some of the dimensions and not others. Instrumental and affective roles, for instance, might be performed relatively well. However, there might also be concerns about how parents implement behavioural control. Realistically, parenting is a balance sheet: not everything can be done fittingly. That said, failure to achieve acceptable standards in most, if not all, dimensions, must evoke consternation.

Three areas impacting on parenting – domestic violence, substance abuse and mental ill-health – have been shown, in some cases, to have adverse consequences for children's development (Cleaver et al, 2011). A caveat is important here: children do not always experience adverse reactions to these areas but when they co-exist, the risk of poor developmental outcomes is heightened. Mental ill-health can hamper a parent's affective responsiveness and involvement or cause unnatural responses to children. Severe substance abuse can lead to changes in mood, erratic behaviour, and a loss of appropriate behavioural control. Domestic violence can cause extreme trauma to both the victim and child who witnesses it. This can impair a parent's communication and problem-solving abilities.

In taking all of this into account, the focus should not only be on the here-and-now. Concerning factors from the past are also of importance. Thus, the parents' own experience of parenting may have had a formative role in shaping how they enact each of the seven dimensions. Moreover, previous episodes of abuse or neglect to a child have a particular salience in estimating the likelihood of future concerns. If the past is important in analysing concerns, so is the ecological context. Chiefly, in what ways are mental health, substance abuse and domestic abuse a reaction to poor support networks, poverty and social stress? Equally, how are the seven dimensions of parenting hampered by cultural factors?

Reviewing the Prospects for Growth and Change

This area concentrates on the parents' capacity for meaningful change. Concerns in one or more of the dimensions of parenting might, in effect, be ameliorated or mitigated, by an acknowledgement from a parent of the presenting difficulties. This is a matter of analysing whether parents have the capacity or willingness to move from a pre-contemplation stage to one of contemplation and, from there on, to consider action, maintenance and ostensibly relapse stages. Critically, though, it is important not to compel parents to adopt the agency's view of the presenting problems through the use of illicit power. In working towards change, and assessing the degree to which it is possible, social workers are required to work in partnership with parents. Even so, they may have to enact their legal mandate to protect the child against parental wishes when desired change is not forthcoming.

Ascertaining the Impact of Parenting Capacity on the Child

Reaching a formulation on the impact of parenting capacity on the child is a matter of considering the relative interplay between parenting strengths, concerns and prospects for growth and change - within each of the seven dimensions. In other words, how might strengths ameliorate concerns or to what extent might poor prospects for growth and change accentuate apprehensiveness? Crucially, how do the seven dimensions of parenting affect the child's health, education, identity, emotional and behavioural development, social presentation and self-care skills? It is contended that positive outcomes in these areas are sacrosanct regardless of culture, race or ethnicity. Taking identity as a formative outcome, social workers need to consider closely the degree to which children have self-esteem, self-respect and self-confidence. Rhetorically speaking, do parents reflect a positive image back to the child or is it more a case of an image refracted through broken shards? To repeat, identity should be a master construct in child development.

At this juncture, let us consider how the model can be applied practically. First and foremost, it can be used to gather information pertinent to the UK Framework for the Assessment of Need (Department of Health, 2000) given that parenting capacity forms one of the Framework's three core domains. In this connection, the seven dimensions of parenting and four analytical

categories, when combined, can be used to guide and structure a comprehensive assessment when child protection concerns are to the fore. This type of assessment might be required following an initial investigation of suspected abuse, or to determine whether children should be returned to their parents' care or placed with substitute carers. A core group of child protection professionals (in partnership with the family) can plan this assessment using the model to determine what areas require investigation and by whom against what timescales. The key worker – usually the social worker – can obtain an overview of this process, using the model holistically (see Table 1), or focus on a specific area of parenting as defined by one of the model's seven dimensions. Alternatively, the comprehensive assessment might be 'contracted out' to a family centre. In this case, the key worker can avail of the model to stipulate where the initial concerns lie or where there is a lack of information about parenting strengths or prospects for growth and change.

Second, following Munro's recommendations, the model can be used as a critical thinking tool to enhance a social worker's assessment of risks, needs and the resources required to promote better outcomes for children and their families. The four analytical categories, described earlier, have a particular purchase in this regard as they describe ways of processing factual information according to a strengths-based and ecological perspective. Professional supervision, whether carried out on a one-to-one basis, or through a reflective team, can act as a conduit for such thinking and reflection. Supervisors, in this context, can use the model counterfactually to test assumptions, elicit gaps in information, review facts and feelings and examine the social worker's theoretical understanding of caregiving.

Conclusion

The continuing significance of parenting cannot be contested given the preoccupation with risk in child protection policy and practice. While a number of parenting capacity frameworks have been introduced to guide social workers in their assessment of this area, the one set out above is distinctive in that it drew, not only on factual and theoretical knowledge, but also on the social workers' practice wisdom. This iterative process for developing the model was sourced by these key strands of knowledge acquisition and, furthermore, by adopting the McMaster Approach to Family Assessment as a

foundational schema. This approach was subsequently re-worked to sharpen its focus on parenting tasks. Moreover, while emphasising the importance of the cultural context, it provided a structural account of parenting as set out in seven dimensions of care-giving. It was contended that social workers could use these dimensions to elicit facts and feelings about parenting capacity and then analyse them according to a number of conceptual categories defined as strengths, concerns, prospects for change and outcomes. The intention, in all of this, was to assist social workers to arrive at a credible formulation of how parenting impacted on child well-being. Given the findings of major case management reviews, abuse inquiries and critical media interest, social workers need to sharpen their analytical skills in this crucial area. The model presented above might make a modest contribution to this process particularly if it can be subjected to further empirical testing.

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